2. AMENDMENT/MODIFICATION NO.	TATION/MODIFICATION	ON OF CONTRACT	1. CONTRACT	ID CODE	PAGE OF PAGE
THE THIRD BIF ICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE			1 1 2
A006	01/18/06			5. PROJ	ECT NO. (If applicable,
6. ISSUED BY	CODE	06-06RL14661.0 7. ADMINISTERED BY (If other	01		
U.S. Department of Energy			r than Ilem 6)	CODE	E
Richland Operations Office		Same as item 6.			
P. O. Box 550, MSIN A7-80					
Richland, WA 99352					
8. NAME AND ADDRESS OF CONTRACTOR (No. 3	Street, county, State and ZIP Code				
CCSI, L.P.	y/ =1010 tillo till : 000e)		(4) 9A. AM	MENDMENT OF SC	OLICITATION NO.
300 East Royal Lane					
Suite 200			9B. DA	TED (SEE ITEM 1	1)
Irving, TX 75039			1 1		
			10A. M	ODIFICATION OF	CONTRACT/ORDER
ATTN: Lisa McManus					
CODE				E-AC06-051	C06-05RL14661
	FACILITY CODE		1 1 00	TED (SEE ITEM 1	13)
11. THIS IT	EM ONLY APPLIES T	O AMENDMENTS OF S		3/23/2004	
The above numbered solicitories	· · · · · · · · · · · · · · · · · · ·	O AWIENDIMENTS OF S	SOLICITATI	ONS	
The above numbered solicitation is amend	led as set forth in Item 14. The h	our and date specified for receint	of Offers	in outon	- 1.
a) By completing them a	ment prior to the hour and date s	pecified in the solicitation or as an	anded but	is extended, [is not extended.
a) By completing Items 8 and 15, and returning r (c) By separate letter or telegram which int ECEIVED AT THE PLACE DESIGNATED FOOUR OFFER. If by virtue of this emendment	one (1) copy of the amendmen	t; (b) By acknowledging receipt of	this aman'	i the following n	nethods:
ECEIVED AT THE PLACE DESIGNATED FO	OR THE RECEIPT OF OFFICE	ation and amendment numbers.	FAILURE OF Y	On each copy of	of the offer submitter
					IN REJECTION O
OUR OFFER. If by virtue of this amendmen legram or letter makes reference to the solicite. ACCOUNTING AND APPROPRIATION DATA (If re	tion and this amendment, and is	received prior to the opening hour	may be made (by telegram or	letter, provided eac
			and data specifi	180.	
00912 421101 1721235 YN010000	0 \$300,000.00 25200 000	0000 RL 0420642			
13. 1HIS HEN	1 APPLIES ONLY TO MO	DIFICATIONS	14.075		
IT MODIFI	ES THE CONTRACT/OR	DER NO. AS DESCRIBED	CACIS/ORDE	ERS,	
A. THIS CHANGE ORDER IS ISSUED PURSU	ANT TO: (Specify authority) THE CH	HANGES SET FORTH IN ITEM 14 ARE	IN ITEM 14		
		THE TARE	MADE IN THE CO	NTRACT ORDER	NO. IN ITEM 10A.
B. THE ABOVE NUMBERED CONTRACT/ORD FORTH IN ITEM 14, PURSUANT TO THE AI C. THIS SUPPLEMENTAL AGREEMENT IS FN	FR IS MODIFIED TO DESTROY				
FORTH IN ITEM 14, PURSUANT TO THE A	UTHORITY OF FAR 43.103(b).	ADMINISTRATIVE CHANGES (such a	s changes in paying	office, appropriati	ion dale etc.) CCT
C. THIS SUPPLEMENTAL AGREEMENT IS EN	TERED INTO PURSUANT TO AUTHO	DRITY OF:			ion date, etc.) SET
D. OTHER Specify type of modification and auth					
The of modification and auth	ority)				
4100	· · · · · · · · · · · · · · · · · · ·				
IMPODTANT. A	not 🛛 is required to sign	thin de-			
ivii ORTANT: Contractor is is i	is required to sign	this document and return	copies	s to the issui	ng office
DESCRIPTION OF AMENDMENT/MODIFICATION (C)					
DESCRIPTION OF AMENDMENT/MODIFICATION (Or, he purpose of this modification is a	ganized by UCF section headings, includir	ig solicitation/contract subject matter where	e feusible.)		
IMPORTANT: Contractor is is is in DESCRIPTION OF AMENDMENT/MODIFICATION (Or, the purpose of this modification is to inc	rease contract fundings, including by \$3	ng solicitation/contract subject matter where $00,000.00$ from $\$610.676$	e feasible.) 23 to \$910 K	76.22	
he purpose of this modification is to inc	rease contract funding by \$3	ng solicitation/contract subject matter when 00,000.00 from \$610,676.2	e feasible.) 23 to \$910,6	76.23.	
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he purpose of this modification is to inc EPLACEMENT PAGE B-1 IS ATTAC at provided herein, all terms and conditions of the document of the AND TITLE OF SIGNER (Type or print)	rease contract funding by \$3 HED.	ng solicitation/contract subject matter when, 00,000.00 from \$610,676.2	23 to \$910,6	76.23.	
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the purpose of this modification is to inc EPLACEMENT PAGE B-1 IS ATTAC at provided herein, all terms and conditions of the document NAME AND TITLE OF SIGNER (Type or print)	rease contract funding by \$3 HED.	ing solicitation/contract subject matter when, 00,000.00 from \$610,676.2 fore changed, remains unchanged and in full 16A. NAME AND TITLE OF CONTRACTORS	23 to \$910,6	76.23. R (Type or print	DATE SIGNED

Workers' Compensation Claims Services Contract No. DE-AC06-05RL14661 Modification A006

B.1 Workers' Compensation Claims Administrative Services

This is a fixed-unit price services contract for Workers' Compensation Claims Administrative Services for the U. S. Department of Energy's Hanford Site. The Contractor shall furnish all personnel, facilities, equipment, material, supplies, and services (except as expressly set forth in this contract as furnished by the Government) and otherwise do all things necessary for, or incident to, performing in an efficient and effective manner, all work set forth in Section C, Statement of Work.

B.2 Obligation of Funds and Limitation of Government Financial Liability

The total amount of funds presently obligated by the Government under this contract is \$910,676.23. The Government will obligate contract funds based upon the expected number and type of claims anticipated to be processed. If, in the Contractor's judgment, the total amount of payments that will be due to the Contractor within the next 60 days will exceed the total funds obligated, the Contractor shall notify the Contracting Officer in writing. The Contractor has no obligation to perform and the Government has no obligation to pay for services in excess of the total funds obligated.

B.3 Price(s)

The Contractor will be paid monthly to provide claim services. The Contractor will receive payment for opening the initial claim. In the event that the claim is reopened, no additional payment will be made. In the event that a medical only claim evolves into an indemnity claim, the Contractor shall invoice for the difference, if any, between the amount previously invoiced and the higher unit price. All claims will be baid at the rates set forth below:

Fiscal Year	Claims (Octobe	er 1, 2004 through Sept Table 1	ember 30, 2009)
FY2005	Indemnity Unit Price/Per Claim \$1,290.00	75% Payment (Opening of New Claims)	25% Payment (Closure of Claims)
FY2006	\$1,370.00	\$967.50	\$322.50
* FY2007	\$1,460.00	\$1,027.50 \$1,095.00	\$342.50
FY2008	\$1,560.00	\$1,170.00	\$365.00
FY2009	\$1,670.00	\$1,252.50	\$390.00 \$417.50

Fiscal Year	ical Claims (October 1, 2004 through September 30, 2009) Table 2			
FY2005	Medical Only Unit Price/Per Claim	75% Payment (Opening of New Claims)	25% Payment (Closure of Claims)	
FY2006	\$700.00 \$740.00	\$525.00	\$175.00	
* FY2007 * FY2008	\$785.00	\$555.00 \$588.75	\$185.00	
* FY2009	\$835.00 \$890.00	\$626.25	\$196.25 \$208.75	
	1 2 0.00	\$667.50	\$222.50	

^{*} Option years - at the sole discretion of the Government.